Fields of Opportunities

STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

To: Legislators
Fr: Department of Human Services
Re: Glenwood Information
Date: December 15, 2008

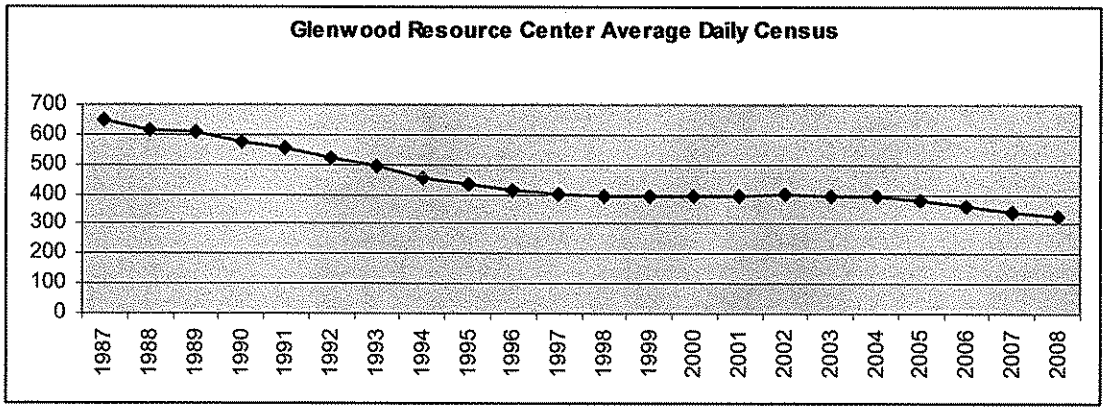
I. What is Glenwood Resource Center (GRC)?

GRC's mission is to serve as a resource to families and providers in the community as well as provide residential care and treatment for people with mental retardation or other developmental disabilities. Glenwood is licensed under Iowa Code Chapter 135C by the Department of Inspections and Appeals (DIA) as an Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) and provides 24/7 intensive individualized treatment and support services to persons with mental retardation and developmental disabilities. All ICF/MRs must meet federal requirements as outlined in the sections of 42 CFR 483 in order to be certified to receive Medicaid funding.

GRC is just one component of Iowa's system of care for persons with mental retardation and developmental disabilities (please see Attachment A).

History

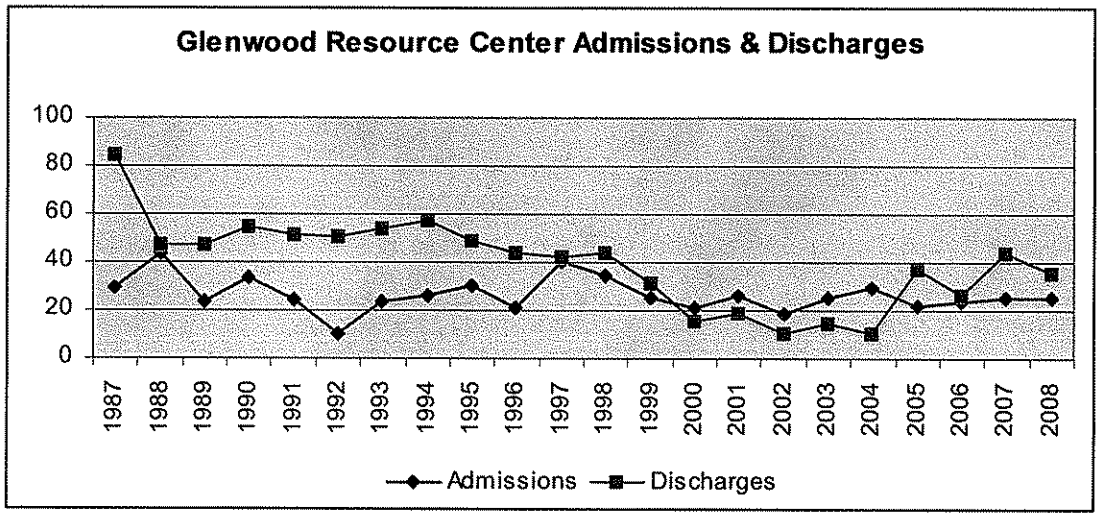
- In 1867 GRC converted from a home for orphaned children of soldiers of the Civil War to the Iowa Asylum for Feeble Minded Children.
- In 1941, reflecting its evolution to a treatment center for developmentally disabled people of all ages, the facility became the Glenwood State Hospital-School.
- In 1975 – 1979, Medicaid funding was used to build thirty-seven 15-bed cottages to serve persons on campus who had previously been housed in single dormitory buildings.
- In 1997, Glenwood expanded outreach and family support services to persons in the community and opened the first of nine Medicaid Home and Community Based Waiver homes in the town of Glenwood.
- In 2000, reflecting the mission to serve both the community as well as to provide ICF/MR care, Glenwood's name is changed to Glenwood State Resource Center.



- In 1935, the population of Glenwood was 1,695 residents. Between 1935 and 1987 the population was reduced to 648 residents. Today the population has been reduced approximately in half again to a daily average of 326 residents in fiscal year 2008.

- Consistent with the 1994 Conner Consent Decree, persons are admitted to GRC only after all reasonable community-based alternatives have been exhausted. Persons seeking admission must make an application that is reviewed through an established process utilizing a team of staff.

- GRC admits an individual only if it is determined that GRC can meet the individual's needs.



Campus (see Attachment B):

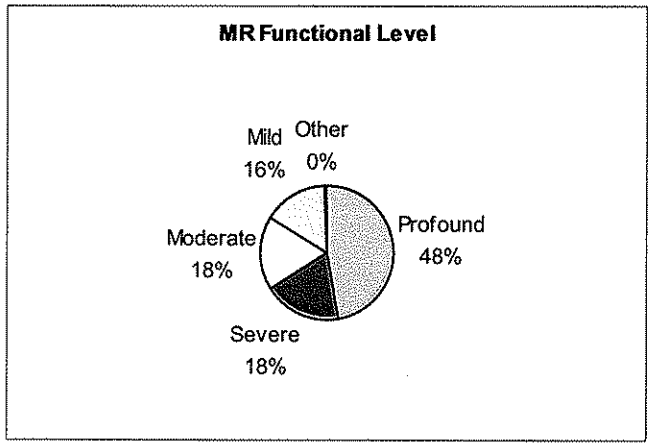
- The residents live in 25 homes. There are an additional 10 houses that are used for the infirmary, programming and recreational activities. Two of the houses are leased to private entities.
- There are 24 other buildings on campus used for a range of administrative offices or vocational sites for GRC or leased to other departments or agencies.
- The campus is comprised of 1,200 acres of land. The Department of Corrections farms approximately 400 acres and we partner with the Department of Natural Resources on conservation/forestation projects.
- Today to maximize the use of the campus, there are 14 other community entities located on the Glenwood Resource Center campus. The largest of these is the Glenwood Community School.

II. Who does Glenwood Resource Center serve?

GRC serves individuals with a range of mental retardation and a range of health and mental heath needs. Many individuals may have one or more physical, mental or neurological conditions that require significant coordination of treatment across multiple disciplines. (An example of the complexity may be a person with mental retardation, mental illness, and a swallowing disorder.)

Diagnostic

- Nearly half of the residents of GRC are diagnosed with profound mental retardation and another 18 percent with severe mental retardation.



- 246 (77%) residents also have a co-occurring mental illness diagnosis.
- 172 (54%) residents are at moderate to high risk of aggressive behaviors which means they have specific target behaviors of aggression that have previously resulted in moderate to significant harm to self or others.

- 20 (6%) residents have specific target behaviors for sexual aggression.
- 171 (54%) residents have a seizure disorder.
- 250 (78%) are at risk for Physical Nutritional Management (PNM) factors and of these 134 are at critical or high risk of aspiration (getting food or liquids into the lungs), malnutrition and dehydration.
- 150 (47%) residents have one or multiple conditions that place them at a high level of risk.

Years in residence

- On average, the time at Glenwood for current residents is 25.7 years

Years In Residence	Number of Residents
0-5	57
6-14	58
15-17	9
18-20	9
21-40	102
41-64	76
65+	4

Age distribution

- In FY 2008, 129 (37%) of the persons served were over the age of 50 and fourteen percent were over the age of 60.

Glenwood residents served in 2008

Age Group	Number of Residents	Percent
6-12	5	1%
13-18	25	7%
18-21	13	4%
22-30	47	13%
31-40	34	10%
41-50	96	28%
51-60	80	23%
61-65	22	6%
66-70	12	3%
71-75	7	2%
76-80	3	1%
81-85	2	1%
85+	3	1%

Life expectancy

There are no reliable methods to predict life expectancy for populations at Glenwood and Woodward. Age, general health care status, and number of medical conditions influence life expectancy.

There have been studies involving a single condition (for example, cerebral palsy) in combination with one or two other variables, but the conclusions and inferences are highly contested and cannot be extrapolated to the complex MR/DD population. Remember, there are numerous causes of mental retardation and developmental disabilities. Each comes with different levels of severity, and each of these, in turn, may be combined with various medical illnesses diagnosed in the general population. A study with enough statistical power in which all variables could be kept constant, while estimating their impact on longevity, would be extremely difficult.

As an example, it would be inaccurate to think that life expectancy can be estimated for a single individual or for individuals with similar profiles. The latter would presume, incorrectly, that conditions maintain themselves equally over time. For any single individual, whether or not they have mental retardation, several variables impact life expectancy. The variables include:

- A natural progression of previously diagnosed medical and neuro-developmental conditions (dysphagia, gastro-esophageal reflux, seizures, immobility, incontinence, inability to communicate/feed/perform basic activities of living, dementia).
- A diagnosis of new conditions (diabetes, cancer, heart failure, bowel obstruction, recurrent aspiration/respiratory infections).
- The increased impact of necessary therapeutic interventions (long term side effects of medications, complications from different types of tubes or catheters, etc.).

Summary

Residents served at GRC are more than the sum of their diagnoses. GRC recognizes and respects the unique qualities of each individual and seeks to support each individual in the choices he or she makes.

Glenwood serves residents and their families. Many GRC residents have families and guardians actively involved in their care. GRC provides some housing for families traveling long distances to visit with loved ones. In addition, GRC updates families frequently and encourages their involvement in service planning. There is a GRC Parents' Association that provides coordination and communication among parents with GRC staff.

III. Where are Glenwood Resource Center residents discharged?

In the past 5 years, 113 Glenwood residents have transitioned to placements in the community.

- Sixty-seven percent have moved to community based waiver homes.
- Nineteen percent have moved into community ICF/MR.
- Six percent have moved into family or foster homes.

FACILITY TYPE	FY2004	FY2005	FY2006	FY2007	FY2008	Total
Specialty Residence for the Deaf			1			1
Family Home		1		2	2	5
Foster Home	1		1			2
HCBS Waiver Home	3	32	19	13	9	76
ICF/MR	5	4	3	3	6	21
MHI				3		3
Nursing Home (ICF)					1	1
RCF/MR	1		2	1		4

FACILITY TYPE	Mild	Moderate	Severe	Profound	Unknown	Unspecified	Total
Specialty Residence for the Deaf		1					1
Family Home	1	3		1			5
Foster Home	1	1					2
HCBS Waiver Home	30	26	11	8		1	76
ICF/MR	2	9	5	5			21
MHI	1	2					3
Nursing Home (ICF)					1		1
RCF/MR	1		1	2			4

IV. What services does Glenwood Resource Center offer?

GRC provides active treatment, healthcare and support services. At the time of admission each resident has a series of comprehensive assessments and evaluations of physical, mental and behavioral health. These evaluations and assessments serve as the basis for developing individualized plans and programs, such as nursing, medical, risk management, etc.

The Interdisciplinary Team (IDT), a group of varied professionals, meets with the individual resident and their family or guardian and develops one Individual Support Plan (ISP) of care that meets the person's need for services.

All plans and programs are incorporated into the ISP, which identifies goals and services based on the person's strengths, desires and needs. The ISP provides guidance to all staff on how to implement the programs in the client's daily activities.

The resident's progress is reviewed monthly by the IDT and as necessary modifications to plans are made.

GRC currently utilizes an electronic Interdisciplinary Patient Record (IPR). The IPR allows the information to be recorded electronically and immediately available to all disciplines for monitoring, reporting and developing treatment plans. The IPR at Glenwood currently maintains clinical notes, event logs, incident reports, risk indicators, alerts and all nursing and vitals information. Glenwood is currently in the process of including remaining major treatment plans and the comprehensive individual support plans in the IPR, making nearly all treatment and support information immediately available electronically.

Active treatment

- Under federal regulations, ICF/MR facilities must provide active treatment for residents served. Active treatment is a continuous program that provides general as well as specialized training, treatment, health and other services. The goal is for the person to function with as much independence and self-determination as possible. Active treatment should also prevent or slow down the loss of optimal functional status.

- This means active treatment must be pervasive throughout the person's daily routines and carry over from work to school to home to leisure and recreational activities. Active treatment includes activities directed toward behavioral management, habilitative, and rehabilitative needs.

- Active treatment should be person centered, or geared to their strengths, needs and desires as much as possible and help the person live to their maximum potential and independence.

- Examples of active treatment could include:
  - Working on grooming skills such as tooth brushing and combing one's hair with an occupational therapy aide to guide the skill acquisition or maintenance
  - Working at a vocational site learning to cut a pattern from fabric and sew an article of clothing
  - Working on range of motion while applying personal deodorant

Healthcare

GRC provides a wide range of healthcare services on-site to residents including:

- Psychiatric
- Psychological and Behavioral Support
- Mental Health Counseling
- Neurological
- General Medical
- Nursing
- Dentistry
- Occupational, physical and speech language therapies
- Physical Nutritional Management
- Audiology
- Lab and X-ray
- Therapeutic positioning equipment
- Specialty medical clinics-ENT, Surgery, Ophthalmology, OB/GYN, Orthotics

Other private ICF/MR facilities do not provide many of these services directly; instead they utilize community providers for services.

Support of activities of daily living

A critical set of work that is provided relates to supporting basic needs such as helping residents eat, bath, dress and groom themselves and other types of self-care. This support must be tailored to the abilities, medical and physical conditions of the resident.

Recent activities to enhance treatment, health and support services

- Medical and nursing policies and protocols were written and implemented that cover all aspects of medical and nursing care and practice.
- New standards for documentation have been implemented in all services.
- The frequency and quality of clinical peer reviews have increased; clinical peer reviews are performed for all clinical disciplines on a regular basis. Improvements and deficiencies are identified and corrected as a result of this process.
- Medical staff, nursing, and other professional staff meet to review quality indicator data and develop appropriate plans of correction and to discuss acute care cases.
- An electronic medication variance system tracks data on discrepancies between medication orders to medication administration.
- Interdisciplinary Team process has been strengthened to be more holistic, person-centered.

IV. Who provides the services at Glenwood Resource Center?

GRC has a total of 960 staff that provide services 24/7 (three 8 hour shifts per day.)

There are 547 direct care staff (Resident Treatment Workers/Supervisors). The direct care staff are 57% of the total staff and provide critical day-to-day services to residents. Direct care staff help provide the range of program and support services identified in the resident's Individual Support Plan (e.g. mealtime, behavior, habilitation services) and are responsible for assuring that basic needs are met.

There are 220 (23%) clinical and professional staff including physicians, dentists, nurses, occupational therapists, physical therapists, psychologists, speech language pathologists, pharmacists, medical technicians, social workers, and qualified mental retardation professionals. Both the ICF/MR regulations and Iowa Code establish licensure requirements for many of these staff. With one unique exception, all staff that must be licensed have current licenses. (Please see Attachment C)

There are 193 (20%) staff who perform administrative and support work.

All staff are required to participate in a 2-4 week basic orientation class that covers a variety of basic information and training related to performing job functions. All staff are required to take annual abuse/neglect training and staff who work with residents are required to take Mandt, CPR and other key training to assure basic skills. In addition to the basic skills and information, each direct care staff must demonstrate competency in providing the individualized program plans and supports identified in the resident's Individual Support Plan. Professional and supervisory staff provides this training. It is key to note that when a program plan changes, it necessitates a retraining of each staff who works with the resident.

Recent activities to enhance staff capacity and competency

- In the past six months, key changes clinical leadership have occurred (Medical Director, Director of Nursing)
- In the past six months, the Department of Nursing was established
- In the past six months, nursing staff job descriptions and deployment have been revised
- As of mid December, medical staff have had duties realigned and a clinic established which will provide greater physician resident time
- Additions have been made to the Core Physical Nutritional Management Team
- Competency based training for direct care staff in areas of communication, individual support plans, physical nutritional management has been developed/revised and implemented
- ISP training has been implemented
- Basic information in Communication, ISP, Behavioral Support Plans and Physical Nutritional Management has been provided

- Implementation of training software has been established to track all training requirements
- A recruiting firm has been used for physician hiring
- A specialized placement firm has been utilized for key professionals GRC must have but has been unable to recruit successfully as employees

V. How does Glenwood Resource Center know how it is doing?

GRC utilizes the following efforts to monitor and improve its services:

Quality assurance

- With the assistance of a consultant, GRC created a Department of Quality Management and began to implement a comprehensive QM/QA process in 2005.

- Monthly data is gathered on over 250 resident outcome and process indicators reflecting performance in the areas of Physical Health, Physical Safety, Emotional Wellness & Self-Determination, and Independence & Social Belonging. The data is gathered through an electronic Interdisciplinary Patient Record (IPR) and other sources. Examples of data collected: Total number of persons with skin breakdowns; # of Individual Support plans reviewed and found in compliance with policy; # and % of Behavior Support Plan Integrity Checks Found Compliant; # and % of persons employed.

- GRC publishes a monthly Quality Management Report, which summarizes and analyzes key data and trend information on a campus wide basis. This report also provides certain resident data at a cottage and individual level.

- GRC's Quality Management Team reviews the Management Report and identifies system improvement and/or corrective action plans to be implemented by the appropriate Department or persons and monitored to assure the plans have been completed.

Clinical peer review

- Each of the clinical professions -- medical, psychiatry, dentistry, nursing, dietetics, neurology, psychology, OT/PT, Communication (Speech Language Pathology), Physical Nutritional Management -- has implemented a peer review process for the purpose of assuring that practice standards are being met and for improving service delivery. In some instances the peer review process is completed with Woodward Resource Center professionals. Peer reviews are performed for all clinical disciplines on a regular basis.

Internal incident investigatory process

When an incident, which includes all types of alleged abuse, deaths, serious injury, etc. occurs, GRC is required by DHS policy and federal regulations to conduct an independent investigation.

- There are 4 investigators who report to the Quality Management Director.
- Staff are all trained by Labor Relations Alternatives, Inc. which is a nationally recognized organization that provides training in the development of incident management systems and conducting investigations. L.R.A., Inc. provides specialized training and certification for interviewing persons with disabilities, writing investigative reports and development of incident management policies and procedures.
- An investigator is assigned to each incident and is responsible for reviewing all details related to the incident and completing a report within 5 working days per ICF/MR regulations and policy.
- Incident data is gathered from the electronic IPR and investigation data is maintained in a separate database.
- The report is provided to the Superintendent and the Deputy Director for Field Operations (DDFO).
- GRC's Incident Management Review Committee, composed of the Superintendent, the Director of Quality Management, the Treatment Program Administrators, Assistant Superintendent for Treatment Therapy Services, Assistant Superintendent for Treatment Program Services, Administrator of Nursing, Director of Psychology and the Director of Program Evaluation, reviews and analyzes the report, requests additional information from the investigator if needed, identifies any action plans needed to correct any systemic or individual concerns, and refers those cases needing disciplinary action to the appropriate administrator for action.
- These reports are available to DIA for their work. They are also available to Protection and Advocacy.

Mortality review

GRC is required by State policy to implement a Mortality Review process on all deaths. This review entails the following process:

All deaths

- An investigation by a GRC investigator is immediately initiated for the purpose of determining the basic facts about the death.
- The preliminary report is due within 5 working days of the death and the full investigation within 15 working days.
- The investigator reviews the physician's death review, peer physician's review, and the nursing peer review to identify any factual inconsistencies between those reviews and the investigation.

- The report is submitted to the Superintendent, the Director of Quality Management, and the Incident Review Committee.
- The physician responsible for the person's care completes a physician's death review.
    - This review covers background concerning the individual, the circumstances surrounding the death, the individual's medical history for the last 12 months, and, if available, the results of an autopsy.
    - This review is due within 10 working days of the death and is submitted to the Superintendent, the Director of Quality Management, and the investigator.
- A peer physician's death review completed by a physician at the Resource Center not responsible for the care of the resident.
    - The review covers the medical services provided the individual for the prior 12 months.
    - This review is due within10 working days of the death and is submitted to the Superintendent, the Director of Quality Management, and the investigator.
- A nursing peer review is completed by the Administrator of Nursing Services.
    - This review covers background information concerning the individual, the individual's health and nursing interventions for the last 12 months, and the circumstances surrounding the death.
    - The report is submitted for review to the Superintendent, the Director of Quality Management, and the investigator.

<u>Unexpected deaths</u>

Unexpected deaths, as determined by the Superintendent, Director of Quality Management, and the Medical Director, includes additional steps:

- A GRC professional peer review conducted by a licensed professional whose area of professional expertise is most closely related to the primary cause of the individual's death and who was not involved in providing services to the individual. This review is due within 7 working days of the Mortality Review Committee's assignment. The report is submitted Director of Quality Management and is reviewed by the Mortality Review Committee. This practice was implemented in September 2008.

- An independent physician peer review, of the medical services provided, conducted by a licensed physician not employed by the Resource Center. The report is due within 25 working days of the determination that the death was unexpected. This report is submitted to the Director of Quality Management and is reviewed by the Mortality Review Committee or the Superintendent, Medical Director, Administrator of Nursing, Assistant Superintendent of Treatment Therapy Services and the Assistant Superintendent for Treatment Program Services. This practice was implemented in September 2008.

Mortality Review Committee

A Mortality Review Committee is appointed by the Superintendent within 5 working days of the death

- The committee consists of the Superintendent, attending physician, Administrator of Nursing, Medical Director, treatment and nursing staff, professional support staff, investigator, direct care staff, and Director of Quality Management.
- The committee meets within 7 working days of receipt of the full investigation report, the physician's death review, and the nursing peer review.
- The committee's responsibilities are:
    - Review all documentation related to the death and the circumstances surrounding the death.
    - Assess appropriateness and quality of the services provided.
    - Identify any concerns about quality of the services provided.
    - Prepare a report within 15 working days of the committee's meeting that provides recommend plans for corrective action.

A copy of the mortality review committee's report is provided to the DDFO for review and monitoring purposes.

All the reviews and reports are confidential however, upon request they are provided to the Department of Inspections and Appeals, Protection and Advocacy Services, and the State Ombudsman who, like the Department, must maintain the confidentiality of the information.

The following table identifies the number of deaths during the past four years

Calendar Year	Number of Deaths	Number Served	Percent of Number Served	Average Daily Census	Percent of Average Daily Census
2004	5	422	1.2%	390	1.3%
2005	3	400	0.8%	362	0.8%
2006	11	373	2.9%	347	3.2%
2007	6	371	1.6%	331	1.8%
2008	12	336	3.6%	319	3.8%

Of the 12 deaths in 2008, 5 were sent to an independent physician for review.

Recent Actions to Enhance the QA, Peer Review and Mortality Review Processes

- Refinements have been made on data monitoring in the QA process
- Implemented compliance monitoring and clinical monitoring
- Increased monitoring of the PNMP plans
- Professional Peer Review procedures have been refined and the frequency and quality has increased
- In consultation with DOJ, the Mortality Review policies and procedures were revised to reflect best practice
- Established a contract for the independent review physician
- Established a protocol that refined the scope of the death investigations conducted by the GRC investigators

VI. What external groups review Glenwood Resource Center services?

Currently, the United States Department of Justice (DOJ), the Iowa Department of Inspections and Appeals (DIA) and Iowa Protection and Advocacy (P&A) are the primary external groups involved in monitoring GRC. Each of these systems is required by statute to evaluate ICF-MR institutions to ensure residents are safe and being properly served, but the scope of review is not the same, nor are the methods or tools used to review the institution the same.

DOJ

DOJ is responsible for enforcing the Civil Rights for Institutionalized Persons Act (CRIPA) statute which guarantees the civil rights of persons served in state operated facilities. DOJ takes a fairly expansive view of its role. DOJ's methods and tools to assess how any given facility performs relative to civil rights issues of the clients are unique in that it brings in professionals with specialized technical expertise in specific domains. And although the CRIPA statute speaks in terms of civil rights, DOJ seeks to ensure all facilities operate within national generally accepted standards of practice. DOJ has routinely dismissed any claim that licensure or certification according to CMS regulations ensures that facilities are performing appropriately.

DOJ's involvement in Iowa

3/99	DOJ notified Governor Vilsack it was investigating GRC and WRC
7/02	DOJ issued findings letter
7/02	Consent Decree negotiations begin
11/04	Consent Decree signed Decree set forth staged implementation plan setting a deadline for compliance including an eighteen-month period of sustained compliance of April 2009
5/05	DOJ visit
2/06	DOJ visit

5/06 DOJ visit
9/07 DOJ visit
5/08 DOJ visit
8/08 State and DOJ extends timeline to April 2010
10/08 DOJ visits with partial review
11/08 DOJ visits with partial review
2/09 DOJ scheduled to visit in February

GRC has made progress as noted in DOJ's findings letter from the May 2008 visit and in the October 2008 Court Filing (Attachment D). The DOJ in their fall visit specifically acknowledged both the progress that had been made since May 2008 and the quality of the clinical leadership in directing this effort.

DIA

DIA is responsible for implementing the State's Medicaid certification process for all ICF/MRs within the state. The ICF/MR regulations are established by the Centers for Medicare and Medicaid Services. By design CMS has established requirements that are prescriptive and regulatory. DIA is governed by published rules and published guidance from CMS, which means that there is less discretion on the topical areas to be reviewed.

- DIA is notified by GRC investigators each time an abuse allegation is being investigated and on each death.
- DIA conducts abuse investigations per Chapter 235E and IAC 441-175.34; 176.6.
- DIA conducts annual certification surveys and follow-up visits to assure that Corrective Action Plans have been implemented. Per DIA policy, a fine may be issued based on the citation.

P & A

P & A is established in federal statute and is given authority to, among other things, pursue legal action to ensure protection of and advocacy for the rights of persons eligible for treatment, authority to investigate incidents of abuse and neglect, and provide education to the public. Each state's P&A sets its own priorities, and has discretion whether to investigate any particular issue or represent any given resident.

Who does GRC notify upon a death?

- Next of kin
- Deputy Director for Field Operations
- Department of Inspections and Appeals
- Protection and Advocacy Services
- Medical Examiner of the county in which the death occurred and the Mills County Medical Examiner
    - Iowa Medical Examiners required to conduct preliminary investigation

    - Autopsy may be performed at the request of the ME, family or GRC
- Law Enforcement (in any death where there is a suspicion of a criminal act)
- Iowa Foundation for Medical Care (independent review of all deaths)
- County Board of Supervisors, Central Point of Coordination and the Court, depending on the individual's commitment status

What are Glenwood Resource Center's Next Steps?

Consent decree compliance

- GRC remains focused on implementing the steps in its Corrective Action Plan. As GRC continues to implement these actions, they have identified additional work that needs to be reviewed and at times adapted. Integral to this effort is the continued tracking and monitoring of data that helps to focus attention on areas that need attention. GRC remains focused on assuring they know and are using best practice in their services—implementation of new processes and methods is both exciting but demanding and requires time for staff to learn and adjust their work practices. Key to all of this is the competency of staff which requires focused and effective training which requires time.

- Recruiting certain key professional staff remains a challenge. Speech Language Pathologists and physicians are the immediate pressures, but it has been extremely difficult to recruit OT/PT and persons with skills in physical nutritional management.

- Oversight of the multifaceted and range of activities associated with this work is necessary. Experience is key at this time to keep the progress moving and DDFO will be contracting with an individual to assist in this effort.

Filling superintendent position

- DHS has been conducting a national search for the Superintendent since September and this process continues. These are difficult positions to recruit for and finding the right level of experience and knowledge is key. During the past three months, the Interim, Kelly Brodie, has provided strong, steady, focused and proactive leadership and she has our confidence.

Attachment A

The State Resource Centers -- Part of Iowa's System of Care for Persons with Mental Retardation and Developmental Disabilities

Glenwood is just one component of Iowa's system of care for persons with mental retardation and developmental disabilities.

The Department of Inspections and Appeals licenses 139 ICF/MRs ranging in size from 5 – 128 beds and serving approximately 1,600 persons.

There are 2,114 Home and Community Based Services (HCBS) Waiver providers offering a range of support services, such as supported community living, respite, and vocational services to approximately 10,500 persons.

Integral to the service system is the provision of Targeted Case Management Services which assure that individualized services provided through the HCBS Waivers are implemented as defined in the individual's support plan.

Iowa is one of 41 states that still operate state ICF/MRs. Nationally the trend has been to reduce the number of beds either by closing a facility or through planned bed reduction. GRC and WRC have been steadily reducing their beds for many years.

The newly implemented Money follows the Person Grant is designed to further facilitate the rebalancing of the service system in favor of community-based care for persons served in ICF/MRs. This strategy is unique in that it provides 100% federal funding for one-time transition services. Iowa identified two supports critical to success of community placement: behavioral support services and mental health outreach. The MFP grant will fund these and other transitional services needed to ensure successful community placement.

This grant is a 5-year grant and with the complete implementation, initial projections are that 100+ persons will be transitioned from GRC and WRC. This will offer a natural opportunity to further reduce the number of ICF/MR beds that are operated.

Attachment B

The Glenwood Resource Center

Main Campus and Residential Houses

Attachment C
Professional Staff at GRC as of 12/9/08:

Classification*	# Positions Filled	% With Current License	Qualifications
Administrator of Nursing	1	100	BSN / 4 yrs supv/mgmt experience
LPN	22	100	IA LPN License
RN	34	100	IA RN License
Nurse Clinician	1	100	BSN / 1 yr clinical experience in specialty area
Nurse Specialist	1	100	BSN / 2 yr clinical experience in which one is in a specialty area
Nurse Supv 1	4	100	BSN / 1 yr clinical experience
Nurse Supv 2	1	100	BSN / 2 yr clinical experience in which one is in a specialty area
Emergency RN	1	100	IA RN License
Clinical Dietitian	4	100	License to practice as a Dietitian in the State of Iowa, as issued by the Iowa Board of Dietetic Examiners
Cosmetologist	2	100	Licensure by the state Board of Cosmetology Examiners
Dental Assistant	3	100	Certificate of registration as a Dental Assistant from the Iowa Board of Dental Examiners
Dentist	1	100	Licensure as a dentist as issued by the Board of Dental Examiners
Medical Lab Technician	2	100	18 mo experience in performance of laboratory tests and examinations
Medical Technologist	1	100	AA with major course work in laboratory science or medical technology;
Occupational Therapist 1	4	100	IA License as Occupational Therapist issued by the Iowa Board of Physical and Occupational Therapy Examiners.
Occupational Therapist 2	1	100	IA License as Occupational Therapist Issued by the Iowa Board of Physical and Occupational Therapy Examiners and 18 mo

			experience
Pharmacy Supervisor	1	100	IA License as registered Pharmacist and 2 yrs experience
Pharmacist	1	100	IA License as registered Pharmacist
Pharmacy Technician	2	100	Certification as a pharmacy technician by the National Pharmacy Technician Certification Board and 1 yr experience assisting a pharmacist with technical pharmaceutical tasks
Physician Supervisor	1	100	IA Medical License
Physician	6	100	IA Medical License
Radiological Technologist 2	1	100	Certificate to practice diagnostic radiography as issued by the IA Dept. of Public Health which indicates fulfillment of the training requirements for a "general diagnostic radiographer"* and 2 yrs experience in radiology.
Physical Therapist 1	1	100	IA Physical Therapist License
Physical Therapist 2	1	100	IA Physical Therapist License and 18 mo experience
Speech Language Pathologist 1	4	100	IA Speech Pathologist License
Speech Language Pathologist 2	2	100	IA Speech Pathologist License and 18 mo experience
Psychologist Administrator	1	Unclear	Doctorate degree, IA license and 4 years experience (endorsements may include licensure eligible)
TOTAL	**104**	**99%**	

In addition to the staff listed above there are 16 Treatment Program Managers or Qualified Mental Retardation Professionals (QMRP) who are responsible for planning and coordinating all of a client's care. The qualifications for this classification are a Bachelor or Masters degree in a human service field and one year experience with persons with MRDD; or a Physician or Registered Nurse with one year experience with persons with MRDD; and licensure if required by law/profession.

*Information does not include persons employed by GRC working under a contract. However, all of the individuals in those positions requiring a license have a current license.

Attachment D

IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF IOWA

UNITED STATES OF AMERICA	)	
	)	
Plaintiff,	)	
	)	
v.	)	
	)	Civil No. 4:04-CV-00636-REL-RAW
	)	
THE STATE OF IOWA; CHESTER CULVER, Governor of the State of Iowa	)	**NOTICE OF INFORMATION**
	)	
	)	
Defendants.	)	

COME NOW the Defendants and provide the following Notice to inform the Court of the status of consent decree activities at the Woodward Resource Center (WRC) and Glenwood Resource Center (GRC).

1. The consent decree, entered as an order of this Court in 2004, set forth a schedule for improvement on a comprehensive array of services at WRC and GRC. The consent decree contains 15 chapters, 13 chapters related to implementation goals and two related to introductory materials, and 228 individual provisions related to implementation goals. The consent decree was designed in a step-wise manner with staggered deadlines, intending incremental progress. The decree contemplated that each resource center would be in substantial compliance with the provisions by October, 2007, and that the resource centers would demonstrate sustained compliance for an eighteen-month period thereafter. The court's jurisdiction continues during this period of sustained compliance until April, 2009. The consent decree is the guiding document governing the work of Iowa and the Department of Justice (DOJ).

2. To assess compliance, DOJ conducts periodic in-person tours where it brings in expert consultants covering the many domains of services in the consent decree. DOJ offers technical assistance during these tours, and offers a formal opinion on whether or not Iowa has achieved compliance at a later time.

3. DOJ toured Woodward and Glenwood in September, 2007. On the basis of their findings in September, 2007, DOJ determined that WRC, although not in full compliance in all areas, had made sufficient progress toward substantial compliance to continue working under the existing consent decree. Also on the basis of their September, 2007 findings, DOJ determined that GRC had not made sufficient progress toward substantial compliance. Iowa did not contest these findings, and instead, continued to work collaboratively with DOJ, entering into a joint stipulation to extend the time for court's jurisdiction over GRC. This joint motion was filed with the Court on March 7, 2008. This joint motion did not simply extend the deadlines at issue. By extending the time frame of the consent decree for GRC, Iowa voluntarily agreed to one

additional year of oversight by both DOJ and this court. Glenwood submitted Plans of Correction according to the time frame set out in the Joint Motion. These Plans, as initially submitted to DOJ, were submitted to the Court on July 14, 2008. Updated Plans, reflecting progress made since the initial submission to DOJ, were submitted to the Court on August 7, 2008.

4. DOJ toured Glenwood Resource Center in May, 2008, and Woodward Resource Center in June, 2008. The compliance letters rating Iowa's progress toward substantial compliance were recently received, and are attached for the court's reference as Exhibits A-C.

5. DOJ completed a partial tour of Glenwood Resource Center the week of October 6th, 2008 covering the following areas: Psychology, Integrated Support Planning, Habilitation, and Communication. Certain of DOJ's expert consultants were unable to attend the tour due to family emergencies. DOJ plans to tour Glenwood Resource Center in November, reviewing the areas of Medical, Nursing, Physical and Nutritional Management, and Physical and Occupational Therapy. It also intends to tour WRC in November, reviewing the areas of physical and nutritional management, and physical and occupational therapy. Further, DOJ intends to return to both Glenwood and Woodward Resource Centers in January of 2009. These schedules are dependent on the availability of DOJ's expert consultants.

6. DOJ has not completed its most recent written assessment of Glenwood Resource Center related to the October 7-10, 2008 tour. The preliminary oral assessment based on a partial survey tour and initial document review indicates that Glenwood has made positive strides toward substantial compliance in the areas reviewed.

7. As the Court may be aware, ten residents of Glenwood Resource Center have passed away since January, 2008. The medical circumstances of each death are unique, and aside from the cause and manner of death, are confidential under Iowa law and HIPAA. Glenwood Resource Center serves a number of individuals who are medically fragile, as well as individuals in all adult stages of life. The State Resource Centers revised their existing mortality review policies and procedures in consultation with the Department of Justice. Each mortality review begins with an internal investigation; DOJ has acknowledged the Glenwood internal investigations are "exemplary." Mortality review includes review by an independent physician, and an interdisciplinary review. The SRCs report each death to the county medical examiner in the county in which the death occurred, pursuant to Iowa Code. The county medical examiner is vested, by law, with the authority to determine if the death affects the public interest, thus ordering an autopsy. Iowa Code § 331.802. In addition, the SRCs report each mortality to the Department of Inspections and Appeals and Iowa Protection and Advocacy. These agencies are empowered by statute to investigate potential abuse or violation of patient rights, and each agency makes its independent determination of whether to investigate in accordance with its statutory authority. DOJ will undertake its own review of the deaths in the November tour.

8. In addition to receiving technical assistance from DOJ's consultants, Iowa hired its own consultants in the areas of quality assurance systems, physical and nutritional management (PNM) assessment, physical and nutritional management systems, and nursing systems. In the

past year, the resource centers began consulting with the expert consultant in nursing systems and increased the frequency of PNM systems consultations to approximately monthly. Iowa made its expert consultant in PNM systems available to DOJ to answer questions on Iowa's PNM implementation progress and plan. GRC has new persons serving in key leadership positions such as the Administrator of Nursing, Medical Director, and PNM Core Team Lead. GRC created a new leadership position in the area of Speech Communication and is actively recruiting to fill that position. The former superintendent of GRC retired. An interim superintendent is serving during the search for a new superintendent. The Deputy Director of Field Operations is providing more intensive oversight during this period of transition. GRC restructured nursing to focus the profession as its own discipline. GRC contracted for three additional speech pathologists and reorganized those professionals into two teams, each with a specialty in either PNM or speech communication. New policies and procedures have been developed in medical, nursing, PNM, communication and psychology and existing policies and procedures have been refined and improved.

9. Certain deadlines are set forth in the consent decree and joint stipulation. The joint stipulation set forth a deadline of October 31, 2008 for Glenwood to achieve compliance. DOJ will complete its assessment of compliance following the November, 2008 tour. The parties are in agreement to continue to work cooperatively to achieve substantial compliance and resulting improved services for the residents of Glenwood and Woodward Resource Centers. The parties will continue to keep the court informed.

10. DOJ has reviewed and consents to this submission.

Respectfully submitted,

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Service via electronic mail to the following on October 30, 2008 by Gretchen Kraemer.

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